

| Date of inspection (mo/day/yr) | Time of inspection (a.m./p.m.) | Air cleaning device or fugitive source designation or number | Visible emissions observed (yes/no), corrective action taken | Daily operating hours | Inspector's initials |
|-----------------------------------|-----------------------------------|--|--|-----------------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Figure 1. Record of Visible Emission Monitoring